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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Azerbaijan

Proposed UNFPA assistance:	$5.5 million, $4.0 million from UNFPA regular resources and $1.5 million from multi-bilateral and/or other, including regular, resources
Programme period:	5 years (2000-2004)
Cycle of assistance:	First
Category per decision 96/15:	Country with economy in transition

Proposed assistance by core programme area (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.7	1.0	3.7
Population and development strategies	0.9	0.5	1.4
Programme coordination and assistance	0.4	-	0.4
Total	4.0	1.5	5.5

AZERBAIJAN

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)	--	≥60
Contraceptive prevalence rate (15-44) (%)	--	≥55
Access to basic health services (%)	--	≥60
Infant mortality rate (/1000)[1]	36	≤50
Maternal mortality ratio (/100,000)[2]	22	≤100
Gross female enrolment rate at primary level (%)[2]	95	≥75
Adult female literacy rate(%)	--	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

[1]United Nations Population Division, Department of Economic and Social Affairs, United Nations Secretariat, *World Population Prospects: The 1998 Revision*

[2]United Nations ACC Task Force on Basic Social Services, *Wall Chart on Basic Social Services for All*, 1997.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2000	7 734	Annual population growth rate (%)	0.45
Population in year 2015 (000)	8 795	Urban	1.40
Sex ratio (/100 females)	96.0	Rural	-.22
Per cent urban	56	Total fertility rate (/woman)	1.99
Age distribution (%)		Life expectancy at birth (years)	
Ages 0-14	28.6	Males	65.5
Youth (15-24)	18.1	Females	74.1
Ages 60+	10.7	Both sexes	69.9
		GNP per capita (U.S. dollars, 1997)	510

Sources: Data are from the Population Division, Department of Economic and Social Affairs, United Nations Secretariat, World Population Prospects: The 1998 Revision; Urban and rural data, for2000-2005 are from United Nations, World Urbanization Prospects: The 1996 Revision, GNP per capita is from the World Bank. Two dashes (--) indicate that data are not available.

NB. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2000-2004 to assist the Government of Azerbaijan in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $5.5 million, $4.0 million of which would be programmed from UNFPA regular resources, to the extent that such resources are available. UNFPA would seek to provide the balance of $1.5 million from multi-bilateral resources and/or other, including regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the Fund's first programme of assistance to Azerbaijan. Assistance was earlier provided to Azerbaijan under a Fund-supported subregional programme (1995-1999).

2. The proposed programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations and takes into account the development priorities of the Government. It is based on the recommendations of the UNFPA Country Population Assessment (CPA), conducted in 1998 under the leadership of a national steering committee with the assistance of a team of national experts along with advisers from the UNFPA Country Support Team (CST). It also takes into account the Common Country Assessment (CCA) which is being finalized. The programme is harmonized with the programme cycles of UNDP, UNICEF and the World Food Programme (WFP) and UNFPA will collaborate with its United Nations Development Group (UNDG) partners in preparing for the United Nations Development Assistance Framework (UNDAF) exercise.

3. In the proposed country programme, UNFPA would assist in strengthening the national capacity to achieve a sustainable national population programme. The overall goal would be to contribute to improving the quality of life of the people of Azerbaijan through enhancing their reproductive health status, promoting gender equality and equity, and attaining a sustainable balance between population and economic development. UNFPA support would be provided through two subprogrammes, one in reproductive health and the other in population and development strategies.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly in its resolution 49/128.

Background

5. The total population of Azerbaijan was estimated in 1997 at 7.6 million[1], approximately 13 per cent of whom were refugees and internally displaced persons (IDPs). The young age-structure, with about 33 per cent of the total population under the age of 15, supports a momentum for population growth that will continue for another generation. Currently, the country has an annual

[1] *Unless otherwise indicated, the data given in the text are from governmental sources, including the Ministry of Health, and may vary from data in the fact sheet.*

population growth rate of about 1.0 per cent. The total fertility rate declined from 3.25 in 1980 to 2.1 in 1997, which is the replacement fertility level. Reductions in birth rates have occurred in all age groups, except for adolescent women under 20 years of age. The average age at marriage is 20.5 years for women, reflecting a pattern of relatively early marriages. The proportion of children born to unmarried women increased from 5 per cent of all births in 1994 to 7 per cent in 1997.

6. The immediate post-Independence period (1991-1994) was characterized by a deterioration in the quality of public health services, a reduction in government expenditures on health, and a sharp decline in income. The maternal mortality ratio has stabilized at a level of approximately 45 per 100,000 live births (1996), having increased from 17 per 100,000 in 1990. However, unofficial statistics suggest a higher ratio. The infant mortality rate was 20 per 1,000 live births in 1997. Reliable information on contraceptive use is limited. The estimated contraceptive prevalence rate is reported to have been as low as 2 per cent (1997) because of inadequate contraceptive supplies, the population's limited awareness of modern family planning methods and the declining quality of health facilities and services. Abortion is easily available and is used across various age groups. Official government statistics indicate that the ratio of abortions to 1,000 live births has remained at approximately 135 since 1991. However, the low level of contraceptive use would suggest that abortion has a major influence in producing the current replacement level fertility.

7. Gender disparities have persisted, notwithstanding laws and constitutional provisions stipulating gender equity and equality. Women generally occupy lower level positions in most organizations, and unemployment for women is six times higher than for men. From 1993 to 1997, the share of women among post-graduate students declined by one third. The country has, however, achieved almost universal literacy. The number of women in vulnerable groups is increasing, including the proportion of women heading households, in particular among the one million IDPs and refugees. The Government has established an inter-ministerial State Committee for Women's Problems to address gender concerns and formulate gender-sensitive policies and programmes.

8. Environmental degradation such as air pollution, soil contamination, soil erosion, deforestation and water pollution are of major concern for the sustainable development of Azerbaijan. The Government is aware of the consequences of environmental degradation on sustainable development and has constituted a high-powered commission, the State Committee for Ecology, to formulate, implement and evaluate policies and programmes on environment.

Previous UNFPA assistance

9. At the Government's request, UNFPA began providing assistance to the national population programme in the context of the subregional programme (1995-1999). UNFPA provided approximately $3.5 million in assistance aimed at reducing the incidence of unwanted pregnancies

and pregnancy interruptions by improving access to modern methods of fertility regulation, training health staff and promoting information, education and communication (IEC). UNFPA support proved critical to the Government's efforts to implement the ICPD Programme of Action, including such measures as the adoption of protocols and regulations permitting and clarifying the use of various methods of contraception and guaranteeing the rights of contraceptive users, and the passage of a 1996 law on HIV/AIDS prevention. Recently, the Ministry of Health drafted a national family planning and reproductive health programme which emphasizes increasing access to modern contraceptive methods, reducing infant and maternal mortality and developing a comprehensive approach to the delivery of reproductive health services.

10. The major accomplishment of the UNFPA-assisted programme was the establishment of a network of reproductive health and family planning training and service delivery centres, complemented by a programme of community-based services and outreach undertaken in collaboration with local non-governmental organizations (NGOs). Projects were implemented in six pilot districts: Baku, Ganja, Kusar, Masali, Nakhichevan and Sheki. The programme helped increase the contraceptive prevalence rate from 2.7 to 23.6 per cent (1998) in the project areas.

11. A UNFPA-funded project with the United Nations Statistics Division provided assistance to the State Statistical Committee in its preparations for the first post-Independence population census. In collaboration with the Economic Cooperation Organization (ECO), UNFPA organized a regional conference on the role of men in population and reproductive health programmes, hosted by the Government of Azerbaijan (Baku, 20-24 September 1998), during which participants formulated proposals to promote men's rights and responsibilities with respect to reproductive health.

12. Although incomplete socio-economic and health data posed some constraints for logistics management and programme monitoring and evaluation, much progress was achieved in developing national execution capacity. According to the end-of-programme evaluation, those advances need to be consolidated with the designation of one focal agency for reproductive health. The evaluation also concludes that the pilot community-based services projects are ready to be replicated in other areas of the country.

13. As one of the major donors supporting a comprehensive population programme and providing technical assistance for population data collection, IEC and reproductive health training, and contraceptive supplies, UNFPA has a comparative advantage. It has already established effective working relationships with the Ministry of Health, the Ministry of Education, the Ministry of Labour and Social Welfare and the various NGOs and community-based organizations, universities and research institutions as well as international NGOs that implemented UNFPA-funded projects. The Fund has built up considerable expertise in contributing to improving

reproductive health services and integrating population dynamics in development planning. UNFPA, which is a co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS), has been closely involved in the initiatives to prevent HIV/AIDS and sexually transmitted diseases (STDs) in Azerbaijan. The Fund has also collaborated with the Office of the United Nations High Commissioner for Refugees (UNHCR) on the latter's reproductive health/family planning programme for IDPs/refugees.

Other external assistance

14. In addition to UNFPA, a wide range of organizations have supported the Government in development and relief operations. These include UNDP, UNICEF, UNHCR, the United Nations Office for the Coordination of Humanitarian Affairs, WFP, the World Health Organization (WHO) and approximately 40 international NGOs. UNHCR has provided major assistance in the health sector, with a reproductive health programme for IDPs and refugees. UNICEF has assisted the national health and nutrition programme in planning and policy development. Médicins sans Frontières and the International Federation of the Red Cross and Red Crescent Societies have participated in various primary health-care programmes with reproductive health components. The Government of Germany provided funding for the procurement of contraceptive supplies. The Government of Finland provided funding to support the 1999 census.

15. Azerbaijan's development strategy has been formulated in the expectation of substantial revenues from the oil and gas industry; however, it may be several years before the industry brings in the additional resources required to meet the country's pressing social needs. Concerted action to strengthen aid management and to maximize the benefits of international assistance for social development and health care reforms is therefore essential if the goal of achieving a sustainable development programme is to be met.

Proposed programme

16. The overall goal of the proposed programme has been noted in paragraph 3. The proposed programme would focus priority attention on addressing the three major constraints to an improved quality of life that were identified by the CPA. First, the low prevalence of contraceptive use and inadequate knowledge of the importance of reproductive health issues for individual and community well-being appear to be contributing to the high incidence of adolescent pregnancies and greater reliance on abortion, particularly among women above 30 years of age. Second, the delays in the health reform process have contributed to a further deterioration in the public health services, particularly in maternity services that formerly provided near-universal coverage and extensive antenatal care. Third, there is a need for comprehensive population and development strategies and

plans to address population-related issues such as precarious public health and environmental conditions.

17. In view of these critical issues, the overall strategy for the implementation of the proposed programme is to support the primary health care reform by providing the technical expertise required to establish and administer a national population and reproductive health policy and programme in collaboration with the World Bank, WHO and UNICEF; to expand the network and outreach of the reproductive health centres and to mainstream basic reproductive health services for IDPs/refugees and other vulnerable groups; and to provide support to strengthen data collection and research, thereby contributing to the capacity for national development planning and programme monitoring.

18. The proposed programme strategy would be implemented through two subprogrammes in the areas of reproductive health, and population and development strategies, respectively. Pertinent advocacy activities would be included in each of the two core areas.

19. Reproductive health subprogramme. The CPA identified concerns about the quality of reproductive health care; the need to broaden choices of safe, reliable and available contraceptive methods; and the importance of reducing abortion. To address these issues the reproductive health subprogramme would contribute to improving access to, and utilization of, a comprehensive array of reproductive health services and information for women, men and adolescents; and to increasing knowledge to bring about behaviour change regarding reproductive health and safe sexual practices.

20. The first output of the subprogramme would be strengthened national capacity to formulate and implement a reproductive health strategy, including specific policies addressing the needs of women, men and adolescents. The Government is committed to primary heath care reform, and within that framework support would be provided for the preparation of a reproductive health policy and strategic plan. This effort would entail a review of existing legislation related to reproductive health and reproductive health services for youth as well as an updating of existing medical protocols. Assistance would include training to strengthen the management capacity of the Ministry of Health to plan and administer the reproductive health component of the primary health care reform. Improved monitoring and evaluation would be achieved by orienting the management information system to the needs of decision makers at national and district levels.

21. Building on the previous experience in the establishment of a network of reproductive health centres, the second output of the subprogramme would be enhanced services and outreach. Support would be provided to expand clinic-level services to include provision of essential obstetric care; and to increase the number of health service providers receiving annual refresher training in reproductive health and quality of care. A training-of-trainers approach would be used to maximize cost-effective impact based on a reproductive health training plan prepared after consultation with officials at the

national and district levels. In addition, the quality of care would be improved through, inter alia, the adoption of treatment protocols, such as for the diagnosis and treatment of STDs, the provision of a broader choice of contraceptive methods, and the availability of confidential, client-friendly counselling.

22. Reproductive health services would be provided to women, men and adolescents, in general, as well as to especially vulnerable groups such as IDPs/refugees. Activities would focus on geographical areas where unmet needs are greatest, selected in consultation with the Government. As part of the UNAIDS theme group, UNFPA would also support government efforts to prevent the spread of HIV/AIDS in the military, police and prisons and would train service providers working with these groups in the provision of comprehensive reproductive health services.

23. Support would also be provided to national NGOs collaborating with the Ministry of Health to extend the reach of reproductive health care beyond formal service facilities into rural communities and urban settlements, with special attention to the needs of adolescents and IDPs/refugees. NGOs have the comparative advantage of being close to the community and attuned to sociocultural sensitivities, and the programme would capitalize on that to address issues such as adolescents' reproductive needs and their access to services. Attention would be given to the establishment of youth-oriented counselling and service delivery centres.

24. Another output would be improved public access to a reliable supply of quality contraceptives, medical equipment and related services. Technical assistance would be provided for the development of a logistics and management system for reproductive health supplies and equipment.

25. The subprogramme would also aim at increasing public awareness of reproductive rights and reproductive health issues, including services. Support would be provided for the formulation and implementation of IEC and advocacy strategies to increase knowledge of reproductive health and reproductive rights and of safe and effective methods of family planning, including increased knowledge of possible side-effects and complications. These efforts would also focus on creating awareness of health risks from abortions and STDs. Provided that priority continues to be given to reproductive health in the context of the primary health care reform, it is expected that maternal and infant mortality rates, the adolescent fertility rate, and the incidence of abortion would have decreased by the end of the proposed programme.

26. Support would be given to peer education programmes in reproductive health and family planning and to the efforts of the Ministry of Education to introduce into schools a family life education curriculum that includes human rights and gender issues. The programme proposals developed during the ECO/UNFPA conference on the role of men in population and reproductive

health programmes identify IEC and advocacy as essential for realizing the greater involvement of men in reproductive health with particular attention to gender dimension.

27. To optimize the impact of the national reproductive health programme, support would be provided for sociocultural studies and operational research. These research efforts would include baseline studies as well as epidemiological research, such as that on the prevention of STDs and HIV/AIDS.

28. Of the proposed allocation of $3.7 million under this subprogramme, $1.0 million would be sought from multi-bilateral or other sources. UNFPA is exploring support from potential donors for activities under Azerbaijan's country programme, particularly for co-financing the procurement of commodities.

29. Population and development strategies subprogramme. The population and development strategies subprogramme would contribute to strengthening national capacity in policy formulation and implementation and would support population research, data collection and training, thereby contributing to the creation of an enabling environment required for the integration of population, reproductive health and gender equality and equity into a national development programme. The subprogramme would take advantage of the nucleus of population-related expertise created for the conduct of the 1999 National Population and Housing Census and would develop it further by providing the Government with tools for development planning.

30. Specifically, the subprogramme would aim at strengthening the technical and institutional capacity of the State Statistical Committee for the collection, analysis and dissemination of data on population and development, and for the coordination of multisectoral population research through a network of selected research centres and universities. As the main depository of primary population data in the country, the State Statistical Committee would be strengthened in building collaborative arrangements with specialized operational and academic research centres to deal with a national population and development research agenda. Training would also be provided for the preparation and dissemination of census and survey data in a format useful to decision makers and opinion leaders.

31. Support would be provided for technical backstopping of the above-mentioned research agenda covering such topics as factors affecting female educational enrolment; socio-economic conditions of female-headed households and IDPs; and the determinants and consequences of increases in adolescent fertility, births among unwed mothers, maternal mortality and abortion, male mortality, age-specific sex ratio imbalances, violence against women and other gender issues.

32. The subprogramme would also aim at strengthening the technical and institutional capability of relevant State committees, such as the State Committee for Ecology, the State Committee for Women's Problems and the proposed State Committee for Population, to integrate population and gender issues into development policy and planning. The proposed State Committee for Population would provide a multisectoral forum for high-level decision makers to meet regularly and contribute to the sustainable development of the country on the basis of reliable and relevant data and integrated decision-making. At other organizations, such as academic institutions and the Gender in Development Unit, a cadre of personnel would be trained to undertake the integration of population variables into sectoral development plans and programmes. Technical assistance would be provided for data collection to integrate population factors into the National Environment Action Plan and for workshops for planners on population, development and the environment. In addition, policy makers and representatives from civil society would be sensitized to the importance of mainstreaming gender into national policies and programmes.

33. The subprogramme would also aim at mobilizing the support of NGOs and national and local leaders, including religious leaders, and the media, for the population, development and environmental goals of the ICPD Programme of Action. This effort would include advocacy in support of the activities of the proposed high-level State Committee for Population to direct and coordinate population and development programmes and, in particular, to advocate for human and reproductive rights and gender issues.

34. The amount of $1.4 would be allocated to the population and development strategies subprogramme. Of this amount, $0.5 million would be sought from multi-bilateral or other sources. UNFPA has undertaken consultations with potential donors to explore opportunities for multi-bilateral support, including assistance for a demographic and health survey.

Programme implementation, coordination, monitoring and evaluation

35. The main executing agencies for the respective subprogrammes would be the Ministry of Health, the Ministry of Labour and Social Welfare, the State Statistical Committee and other line ministries and State committees. Selected United Nations agencies and international NGOs would execute components requiring specialized technical expertise. The recruitment of national professional project personnel would be required to assist key national executing agencies in building the technical and institutional capacity for programme implementation, management, monitoring and evaluation. When national expertise is not available, technical assistance would be provided through the UNFPA CST and other international consultants.

36. Programme implementation would be monitored and evaluated in accordance with established UNFPA guidelines and procedures. Qualitative and quantitative indicators would be

used to monitor progress. The collection of baseline data at the start of the programme and the use of the logical framework approach in the UNFPA programming process would facilitate the mid-term review and end-of-programme evaluation. Regular project site visits and annual component project reporting would provide the necessary inputs for annual programme and subprogramme reviews. The mid-term review would be held in 2002 and would assess overall progress and adequacy of the strategies and activities; this review may result in programme adjustments for the remainder of the cycle. The end-of-programme evaluation would be organized in late 2003 or early 2004.

37. The UNFPA Country Director for Azerbaijan, based in Tashkent, Uzbekistan, has responsibility for the UNFPA programme in Azerbaijan. The Country Director is assisted by a National Programme Officer and a Secretary attached to the office of the UNFPA Representative, who is also the UNDP Resident Representative in Azerbaijan. The capacity of the country office would be enhanced through training provided to all programme and project staff. The training would cover such topics as UNFPA programme policies and procedures, accountability, NGO capacity-building, gender equity and equality and other key concepts of the ICPD Programme of Action.

38. Under the proposed programme for Azerbaijan, the amount of $0.4 million from regular resources would be allocated for programme coordination and assistance.

Recommendation

39. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to Azerbaijan, as presented above, in the amount of $5.5 million over the period 2000-2004, $4.0 million of which would be programmed from UNFPA regular resources to the extent such resources are available, and the balance of $1.5 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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